

CLAIMS ONLY

Application Number

„Filling“ Date

Applicant(s)

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| 9 | | / | | | | |
| 10 | / | | | | | |
| 11 | X | X | | | | |
| 12 | X | X | | | | |
| 13 | X | X | | | | |
| 14 | | / | | | | |
| 15 | | / | | | | |
| 16 | X | X | | | | |
| 17 | X | X | | | | |
| 18 | | / | | | | |
| 19 | X | X | | | | |
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| Total Indep. | 3 | | | | | |
| Total Depend. | 16 | | | | | |
| Total Claims | 19 | | | | | |

May be used for additional claims or amendments

| | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | | | | | | |
| Total Depend. | | | | | | |
| Total Claims | | | | | | |